

**“OWN YOUR FUTURE”  
LONG-TERM CARE  
CONSUMER AWARENESS CAMPAIGN**

**CALL FOR PROPOSALS**

*May 11, 2006*

## Call for Proposals

The Long-Term Care Awareness Campaign, “Own Your Future,” is a joint federal-state initiative to increase awareness among the American public about the importance of planning for one’s future long-term care needs. Over the last three years, the Department of Health and Human Services (HHS) has worked closely with the National Governors Association (NGA) and individual state Governors, to launch “Own Your Future” Awareness Campaigns in eight states. Sponsoring agencies within HHS include the Centers for Medicare & Medicaid Services (CMS), the Office of the Assistant Secretary for Planning and Evaluation (ASPE), and the Administration on Aging (AoA). In January 2005, “Own Your Future” Campaigns were successfully run in five states: Arkansas, Idaho, Nevada, New Jersey, and Virginia. Additional Campaigns are being launched in Kansas, Maryland and Rhode Island in 2006. This Call for Proposals solicits applications from states for the next round of “Own Your Future” Awareness Campaigns.

The response by consumers to the first two phases of the “Own Your Future” Campaign exceeded expectations, both in terms of consumer interest and in initiating long-term care planning actions. Based on the success of the initial Campaigns, Congress provided additional support for long-term care education initiatives by establishing the National Clearinghouse for Long-Term Care Information under the Deficit Reduction Act of 2005. Under Section 6021(d) of the Act, Congress appropriated \$15 million in funding for the National Clearinghouse over five years, including \$3 million in funding for FY 2006.

This Call for Proposals solicits applications from Governors for participation in the next phase of the “Own Your Future” Campaign, which will be supported by the National Clearinghouse for Long-Term Care Information. The Clearinghouse will also provide web-based education to consumers on long-term care basics, long-term care insurance and other private finance options, state Partnership programs, and Medicaid.

This document provides: (1) a description of the “Own Your Future” Campaign core model; (2) information about ways in which states can build upon the core model for their own state-specific Campaigns; (3) information about the application and review process; and (4) information about the selection criteria that will be used to evaluate state applications.

***Please note this is not a grant program. Core campaign activities in states selected for participation will be paid for by HHS and completed by Federal contractors.***

## **The Current “Own Your Future” Awareness Campaign Model**

The “Own Your Future” Awareness Campaign is a direct mail campaign supported by each participating state’s Governor, targeted to households with members between the ages of 45 and 70. A letter discussing the importance of long term care planning, signed by the Governor, is sent to every household in the targeted range. The letter includes a tri-fold brochure which provides additional information about long-term care planning, and which encourages each target household to order an “Own Your Future” Planning Guide for Long-Term Care. The Planning Guide is available at no cost to the consumer, and may be ordered in one of three ways: (1) by returning a stamped self-addressed Business Reply Card (BRC); (2) by calling a toll-free number; or (3) by ordering the Planning Guide through a consumer website maintained by the Administration on Aging at [www.aoa.gov/ownyourfuture](http://www.aoa.gov/ownyourfuture).

The Planning Guide for Long-Term Care provides consumers with information about practical steps they can take to plan ahead for their long-term care needs. It includes information on financial planning, legal issues, home modifications, as well as advice about communicating ones concerns and preferences to loved ones, and identifying community services in the area. The Planning Guide encourages consumers to initiate planning, but does not promote any one planning option over another. For example, the purchase of a long-term care insurance policy is presented as a planning option that many people should at least consider, while acknowledging that long-term care insurance is not right for everyone.

A copy of the Planning Guide can be found at either the Own Your Future project website at [www.ltcaware.info](http://www.ltcaware.info) or the AoA consumer website at [www.aoa.gov/ownyourfuture](http://www.aoa.gov/ownyourfuture).

As part of the Core Campaign, states also develop state-specific information about planning resources and long-term care information services to include as an insert in the Planning Guide for Long-Term Care. HHS covers the cost of producing these materials and collating them in with the Planning Guide, within limits related to the weight of the collateral materials and the cost of postage. (Samples of the State-specific inserts used in Phase I and II of the Campaign can be found at [www.ltcaware.info](http://www.ltcaware.info).)

The final component of the “Own Your Future” Campaign core model is a Governor’s press conference to launch the Campaign. The press conference is held concurrent with the mailing of the Governor’s letter. The purpose of the press conference is to generate local media interest in the Campaign and reinforce the message being sent to targeted households in the direct mail Campaign.

The core model will continue to be used in the next phase of the Long-Term Care Awareness Campaign, with some slight variations. Evaluation findings indicate that the success of the initial Campaigns was strongly related to the fact that the Campaign message and call for action came from a trusted source (i.e. the Governor). The use of the Governor as the primary Campaign spokesperson is critical to achieving a high response rate. Thus, the core features of the “Own Your Future” Campaign model that will be repeated in the next phase are: (1) a letter from the Governor to a targeted group of households; (2) the use of the Planning Guide for Long-Term Care as the primary source of information to consumers about how to begin long-term care planning; (3) a state-specific insert to the Planning Guide as desired by the State; and (4) a Governor’s press conference to launch the Campaign in each state.

## **State Options in Selecting the Target Population**

In the first two phases of the “Own Your Future” Campaign, the target population for the Campaign was households with at least one household member between the ages of 50 and 70. This is an age cohort that is reaching the end of its parenting years, and beginning to focus increasingly on preparing for retirement. The evaluation results from the initial phases of the Campaign showed that response rates to the Campaign, as measured by the number of persons who ordered the Planning Guide, were relatively equal across all age groups.

There is some thinking that planning for long-term care should ideally begin before the age of 50. Thus, in the next phase of the Campaign, states will have more flexibility in defining the target population. HHS will cover the entire cost of the core Campaign targeted to any group within a 20-year age span within an overall age range of 45-70. For example, a state might choose to target households between the ages 45 and 65, or between 47 and 67, or between 50 and 70. Of course, states may elect to target an even broader age cohort, but the cost of expanded cohorts beyond a 20-year span must be paid for entirely with state funds.

## **State Options to Build Upon the Core Campaign Model**

Although states are expected to implement the core Campaign model, in designing their own state-specific Awareness Campaigns, states are strongly encouraged to augment the core model with a variety of complementary state-sponsored activities. The core Campaign will be financed entirely with federal funds authorized under the National Clearinghouse for Long-Term Care Information. However, HHS expects that states will contribute their own resources to support complementary Campaign activities. HHS may provide technical assistance or some resources, as noted below, in support of these complementary activities.

The complementary activities that states might consider in designing their own Campaigns include but are not limited to the following:

1. A state may design an initiative intended to increase interest among the state’s private employers to offer long-term care insurance as a voluntary benefit. Technical expertise is available from HHS to provide consultation to employers regarding the design of a long-term care insurance benefit or to support the state’s outreach to private employers.
2. A state may wish to develop consumer-oriented website focused on long-term care and long-term care planning. The National Clearinghouse for Long-Term Care Information will also be developing a national website, but a state-specific website can provide far more detailed information about local resources. HHS can assist states in developing content for a state-sponsored website.
3. A state may wish to sponsor a series of informational seminars or “town meetings” across the state that would provide more in-depth information to consumers about long-term care planning options. Speakers at the seminars may be state staff with expertise in long-term care (e.g. SHIP or ADRC staff) or outside experts. HHS can provide a list of experienced and appropriate outside expert seminar presenters and/or provide technical assistance in developing a “town meeting” presentation template.

4. HHS has produced a 30-second Public Service Announcement (entitled “Dad”) which promotes the “Own Your Future” Campaign and reinforces the message to consumers to order the Planning Guide for Long-Term Care by calling the toll-free number. If a State wishes to undertake and pay for a paid media-buy for TV time, HHS will make the TV-PSA spot available for use in that State.
5. A State may wish to create a 30-second PSA featuring the Governor as a stand-alone spot promoting the Campaign. (An example of this approach used in the Rhode Island Phase II campaign, can be found on [www.aoa.gov/ownyourfuture/](http://www.aoa.gov/ownyourfuture/)) HHS will film and create the “stand-alone” spot for the state at its request. It is the State’s responsibility, however, to actively seek placement for the PSA spot once it is created, or to use it as part of their paid media buy, if they choose to do one.
6. Governors in four of the eight states participating in the first phases of the Campaign filmed 30-second introductions to the “Dad” PSA, reinforcing the Campaign message, and thereby creating 60-second PSAs for placement on local networks on either a paid or non-paid basis. The purchase of paid media time leverages additional unpaid TV slots for the PSA. HHS will cover the cost of filming and producing the Governor’s 30-second introduction, or a 30-second “stand-alone” version of the Governor’s spot, if a state chooses this option and undertakes and funds a paid media campaign using the spot.
7. A 30-second radio spot, essentially an audio version of the PSA, is also available from HHS for placement on local radio networks on either a paid or unpaid basis.
8. HHS has created a newspaper ad that can be placed on a PSA basis, or the State can purchase advertising space in appropriate vehicles to reach the target audience.
9. HHS is available to assist states in creating materials that comprise a “Media Kit” for public relations promotion in conjunction with the Governor’s press conference. For example, the media kit can include a personal “real life” long-term care story of someone who has successfully planned for their long-term care needs.
10. Many states offer long-term care insurance as an optional fringe benefit to their own state employees. Concurrent with the state’s “Own Your Future” Campaign, a state could offer a re-enrollment opportunity in its existing long term care program, including promotional activities to raise awareness among state employees about the importance of long-term care planning. In the first phase of the “Own Your Future” Campaign, the Commonwealth of Virginia had an extremely effective re-enrollment initiative in conjunction with the core model Awareness campaign. States can also use the “Own Your Future” Campaign as an opportunity to upgrade and modernize their own long-term care insurance programs, with improved product offerings and/or subsidized premiums. States that do not offer a long term care benefit to state employees can receive technical assistance from HHS regarding key issues in offering a public program.
11. The state may wish to conduct additional training for its State Health Insurance Assistance Programs (SHIPS), Aging and Disability Resource Centers (ADRCs) and Area Agencies on Aging (AAAs) regarding long-term care financing issues in order to respond to the increased demand for information and assistance that the Campaign may generate. HHS will provide

training manuals and related materials which the State can customize and update for this purpose.

12. The state may publicize the “Own Your Future” Campaign through other communication channels such as SHIPS, ADRCs, AAAs, Senior Centers, state-sponsored websites, state aging conferences, etc. Additional tri-fold brochures, Planning Guides, and “Own Your Future” posters are available in bulk from HHS for distribution through these alternative channels.
13. If a state offers a Long Term Care Partnership Program, the state may wish to design a complementary consumer education Campaign that specifically promotes the Partnership program.
14. A state may promote and participate in media appearances on local TV/radio talk shows to promote the “Own Your Future” Campaign and discuss the importance of long-term care planning activity.

### **States as a Credible Source of Information**

Experience from the prior Awareness Campaign suggests that consumers value information from a credible source. Seniors are bombarded with information on the web, on television and in print about retirement planning and/or long-term care from private companies selling financial products. Allowing private sponsorship of this Campaign would only add to this already large body of information and lose the value of information that does not endorse any specific action or product. Therefore, the Awareness Campaign will adhere to the following principles:

- The mailing list of the state target market of consumers cannot be sold or given to anyone.
- No leads or other contact information from those requesting Long-Term Care Planning Kits will be provided to insurance agents or any one private entity.
- The Campaign cannot be sponsored by any entity other than the state and federal governments.
- No private logos of any kind can be attached to the letters from the Governor or any Campaign materials.
- While private groups may choose to complement Campaign activities, the state or federal government will not endorse these efforts or allow private groups to suggest government endorsement.

### **Phase I and II States**

States that participated in either the first or second phase of the Awareness Campaign are eligible to participate in this round of the Campaign. These states are not required to submit a formal application, but must send a letter of interest signed, by the Governor, to the contact person listed below. Since the population aged 50 through 70 (in 2004 & 2005) have already been covered for these states, the federal government will fund a mailing to those now in the age range but have not yet received the Governor’s letter (for Phase I states: 50-52 year olds and Phase II states: 50-51 year olds).

## **Application and Review Process**

**Applications for this initial round of Call for Proposals are due on Friday, July 14, 2006 at 5:00 pm Eastern Daylight Time (EDT).** Applications should be submitted to:

Hunter McKay  
Office of the Assistant Secretary for  
Planning and Evaluation  
Department of Health and Human Services  
H.H. Humphrey Building, Room 424-E  
200 Independence Avenue, S.W.  
Washington, DC 20201

Questions about the Call for Proposals may be submitted to the “Contact Us” option on the campaign website ([www.ltcaware.info](http://www.ltcaware.info)). All questions and responses will be posted on the website.

Applications may be submitted either via hard copy or electronically. Electronic applications should be e-mailed to Mr. McKay at [hunter.mckay@hhs.gov](mailto:hunter.mckay@hhs.gov).

The application requires some original signatures. Thus, hard copy versions of electronic applications, with original signatures, must be received by Mr. McKay within 5 business days after the application deadline.

In this round, HHS expects to support Campaigns that target a total of approximately 3 to 4 million households with FY 2006 funding. The number of states selected will therefore depend upon the size of the target populations in each applicant state and the amount of funds available.

States that respond to the July 2006 Call for Proposals will be ranked in accordance with the selection criteria specified below. HHS will select as many states as can be supported with FY 2006 funds. Other states with high quality proposals, but which are not selected for this round of the “Own Your Future” Campaign will be considered for participation in a subsequent round. States with proposals that are not ranked in the top tier must re-apply for participation. Feedback will be available on how their proposals might be improved for future solicitations.

However, the selection process for participation in the “Own Your Future” Campaign will be a two-step process. The first involves submittal of an application in response to this Call for Proposals. The second step involves a Readiness Review. The Readiness Review will be conducted via a site visit to determine whether a state is ready to launch the Campaign. The Readiness Review will consist of walking through each component of the Campaign. One of the goals of the Review is to establish a firm schedule for Campaign preparation and launch.

The minimum criteria that states must meet in order to satisfactorily complete the Readiness Review are as follows:

1. The state must have a signed letter from the Governor for the initial mailing.
2. The state must have final proofs of all materials for insertion in the Planning Guide for Long-Term Care, including a second letter from the Governor, and a state-specific insert.
3. A date for the Governor's press conference for launching the Campaign must be scheduled.
4. The state must present documentation that all complementary activities, as specified in its original application, are ready for implementation or already underway.
5. A representative from the Governor's office and the lead agency must be present at the Readiness Review.
6. States applying for this round must be fully prepared to launch their Campaign by March 2007.

Once a state completes its Readiness Review, HHS will approve funding for the launch of the Campaign, and proceed with the production and mailing of the initial Governor's letter.

States selected to participate in this round of funding may launch their Campaigns anytime between July 2006 and March 2007. States which demonstrate an ability to launch their Campaigns by October 31, 2006 will achieve higher ratings in the selection process. States which fail to launch Campaigns by March 2007 will lose their place in the queue and federal funding reserved for that state will be re-allocated to another state.

HHS expects to receive applications for subsequent rounds of the Campaign each July for the next four years (2007 – 2010), subject to the availability of funds. Specific application due dates will be posted on [www.ltaware.info](http://www.ltaware.info).

## **Selection Criteria**

States which ran the most successful "Own Your Future" Campaigns in the first two years of the Demonstration were states that demonstrated commitment to the goals and philosophy of the Campaign at the highest levels of state government. Thus, in selecting states for the next round of the Campaign, the states that will be accorded the highest rank will be those in which there is demonstrated commitment to the Campaign from the Governor, and from other senior state officials, (i.e. at the Secretary level). In reviewing applications from states, the following criteria will be given the greatest consideration:

1. Demonstrated commitment by the Governor to the Awareness Campaign. At a minimum, this commitment should be demonstrated by a signed letter from the Governor expressing the Governor's support for the Campaign and his or her commitment to a press event to launch the Campaign. The letter should designate a person on the Governor's staff who will serve as the point person for coordinating Campaign activities, as well as identify the expected timeframe for implementing the Campaign.
2. Commitment by other senior state officials (i.e. at the Secretary level) to the goals and philosophy of the Awareness Campaign. The application should designate which agency of state government will take lead responsibility for implementation of the Campaign. A letter from the



Secretary/Director of the designated lead agency should be included in the application. The letter should designate an individual within the agency who will serve as the state's point person with NGA and HHS for implementing the Campaign.

3. States must provide documentation of their commitment of staff and resources to support complimentary Campaign activities around the core model. The application should identify the complementary activities that will be supported by the state, designate a lead agency or point person for the activity, and specify the source of funds, if applicable, that will be used to finance each activity.
4. States which indicate a willingness and readiness to launch the "Own Your Future" Campaign prior to October 31, 2006 will receive higher priority in the selection process.
5. States willing to contribute their own resources will be rated more highly in the selection process than states which only propose to implement the core model.

<p style="text-align: center;"><b><i>Submissions are due on Friday, July 14 by 5:00 pm EDT.</i></b> <b><i>States submitting applications will be notified of their selection status within</i></b> <b><i>30 business days.</i></b></p>
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## HOUSEHOLD COUNTS BY AGE

STATE	45-50	50-54	55-60	61-65	66-70	Total
AK	22,893	21,603	19,551	9,430	5,030	78,507
AL	157,386	146,890	157,404	108,561	98,390	668,631
AR	92,512	85,945	94,140	67,415	61,461	401,473
AZ	139,278	128,147	142,562	98,787	86,347	595,121
CA	910,844	835,958	869,435	528,482	411,048	3,555,767
CO	180,236	162,598	159,744	94,044	75,258	671,880
CT	136,988	119,652	122,352	80,820	65,855	525,667
DC	17,896	17,400	19,088	12,045	9,071	75,500
DE	33,071	28,493	30,120	20,505	17,778	129,967
FL	581,793	523,649	575,573	422,546	384,211	2,487,772
GA	238,345	215,084	229,974	143,905	112,850	940,158
HI	25,308	26,540	29,958	18,509	14,116	114,431
IA	104,432	97,857	97,292	63,058	59,536	422,175
ID	40,989	39,200	41,041	27,436	23,533	172,199
IL	387,705	352,597	359,519	233,675	195,407	1,528,903
IN	195,152	181,460	186,628	121,289	102,198	786,727
KS	81,598	75,931	75,962	47,377	41,066	321,934
KY	130,006	121,479	129,287	84,537	72,041	537,350
LA	158,184	145,297	146,403	95,598	81,781	627,263
MA	245,902	205,062	213,069	136,822	113,365	914,220
MD	205,574	185,402	194,184	123,737	98,524	807,421
ME	49,745	46,506	49,394	31,976	27,694	205,315
MI	441,238	393,146	390,431	252,133	209,334	1,686,282
MN	192,427	167,622	161,501	101,637	88,399	711,586
MO	204,667	182,804	188,842	128,913	111,670	816,896
MS	89,964	83,410	87,527	58,647	53,216	372,764
MT	29,011	29,486	30,258	19,226	16,288	124,269
NC	329,182	293,300	309,772	204,183	173,670	1,310,107
ND	21,910	21,003	19,894	12,365	11,893	87,065
NE	52,737	49,031	48,995	29,991	26,240	206,994
NH	51,790	44,888	45,517	28,579	23,938	194,712
NJ	288,057	251,082	263,903	166,537	134,122	1,103,701
NM	45,189	43,793	47,109	29,866	24,016	189,973
NV	70,584	66,181	74,962	53,439	44,674	309,840
NY	610,820	543,011	572,088	369,645	302,993	2,398,557
OH	490,429	438,602	444,566	284,406	251,874	1,909,877
OK	114,361	106,892	111,765	77,003	67,834	477,855
OR	114,939	118,464	124,950	79,058	64,107	501,518
PA	421,279	391,418	396,645	255,628	222,515	1,687,485
RI	40,742	35,687	36,325	23,165	18,907	154,826
SC	139,099	131,262	145,876	100,468	86,421	603,126
SD	21,618	20,616	19,550	12,068	10,503	84,355
TN	199,416	184,846	200,972	135,722	116,613	837,569
TX	719,769	638,735	641,055	407,220	339,251	2,746,030
UT	70,679	63,371	60,864	39,228	33,924	268,066
VA	229,112	209,581	223,207	142,667	115,688	920,255
VT	20,013	18,953	19,889	11,984	9,299	80,138
WA	189,440	182,600	191,488	118,105	92,195	773,828
WI	220,710	197,130	193,392	122,396	110,596	844,224
WV	58,590	59,492	65,224	42,282	39,018	264,606
WY	15,847	16,209	15,578	9,643	7,947	65,224
<b>Total</b>	<b>9,629,456</b>	<b>8,745,365</b>	<b>9,074,825</b>	<b>5,886,758</b>	<b>4,963,705</b>	<b>38,300,109</b>

